

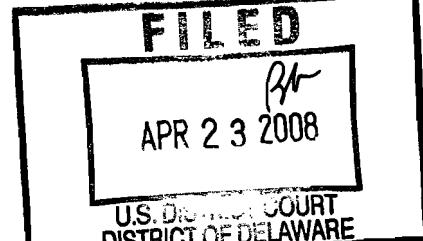
U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	KEVIN APgar	COURT CASE NUMBER	07-505-***542
DEFENDANT	Warden Raphael Williams et.al	TYPE OF PROCESS	Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	Dr. Binnon, Howard R. Young Correctional Institution		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	1301 East 12 th Street Wilmington De 19809		
AT	1301 East 12 th Street Wilmington De 19809		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<input checked="" type="checkbox"/> Kevin Apgar # 302981 Po Box 9561 Wilmington De 19809		Number of parties to be served in this case	3
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Forma Pauperis



Signature of Attorney or other Originator requesting service on behalf of:

Kevin Apgar

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

9-13-07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 15	No. 15	SI	

I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time
	4/23/08	11:00 am
	pm	
	Signature of U.S. Marshal or Deputy	
	SI	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: